

# Attachment **A**

## Introduction

This document is the supplemental material for the task order amended to your jurisdiction’s contract for services with the Montana Department of Public Health and Human Services (DPHHS). It is a continuance from the previous budget period and provides guidance information for the requirements of the Public Health Emergency Preparedness (PHEP) cooperative agreement for the 2022-2023 budget period.

Please **carefully and completely read** the requirements and guidance in its entirety. If you have questions, please contact the associated **subject matter expert** or the **PHEP Section Supervisor directly**.

Funding for completing the required PHEP activities comes from the Centers for Disease Control and Prevention (CDC) Cooperative Agreement, which is managed by the Center for Preparedness and Response (CPR). Montana DPHHS PHEP applies for the continuing funding each year. It then distributes the funding to county and tribal governments for their public health agencies in return for completing the requirements described herein.

The purpose of PHEP funds, per the CDC, is to specifically support emergency and disaster preparedness efforts with public health implications in the State. Participating Local Health Jurisdictions (LHJ) fulfill the requirements of this cooperative agreement by meeting the deliverable requirements designed by DPHHS PHEP. These deliverables are reflective of some of the requirements from the CDC, and some to build public health preparedness capabilities and mitigate gaps.

This is the FOURTH budget period of the 2019–2024 PHEP Cooperative Agreement Funding cycle. Each successive budget period is continuous until conclusion of the five-year agreement cycle. You will often see the fourth budget period referred to as 1901-04, BP 4, or BP 2022-2023.

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## Noted Items for 2022-2023

1. **Operational Readiness Review (ORR):** CDC has released only a provisional version of the anticipated preparedness measurement tool. The work group organized by the CDC designed this tool to determine a state's progress towards public health emergency readiness. CDC indicates it will conduct the ORR at the state government level before pushing it to the local level. DPHHS PHEP believes the ORR may serve as a substitution for PHEP deliverable requirements in the future. However, it is too soon to speculate much with the limited details available. The COVID-19 pandemic response has seemed to slow the work towards active development, so we remain patient.
2. **Budget Requirements:** The task order for the PHEP cooperative agreement this year contains a change to how and when budget information is required. PHEP will now collect budget information quarterly. A jurisdiction must upload the documentation required with a spreadsheet to the progress report or it won't be able to submit the deliverables. Details are in the task order and staff will explain it in the Regional Workshops.
3. **Reserve Deliverable:** Because PHEP has limited definitive guidance from CDC regarding the ORR for BP 1901-04, we have set aside a reserve deliverable requirement. The A3 deliverable, *Register Two Individuals in SAMS to Report ORR Data*, was originally presented in the 2021-2022 budget year because we anticipated the CDC to include the ORR at the local level. We suspended the deliverable due to the decision made at the CDC to keep the inaugural ORR at the state government level.

The A3 deliverable requirement is not required unless guidance from the CDC indicates that local and tribal jurisdictions will have to provide ORR information into the SAMs system. PHEP will activate that deliverable and determine the quarter due when that direction is clear.

4. **Streamlined Deliverables:** Deliverable requirements are moving toward a more streamlined format by combining similar activities rather than by separating by categories. PHEP has not moved all deliverables to this format, however the concept will carry forward into the planned focused deliverable packaging for each jurisdiction in the next few years.

Another change includes eliminating several requirements that are already required by law, have been repetitive, or do not serve to further build on preparedness or mitigate gaps. Please note that the task order agreement with your jurisdiction and some State statutes require your jurisdiction to perform some of these activities and keep up with your protocols established through previous PHEP deliverables to maintain your jurisdiction's preparedness and response capabilities as prescribed.

5. **Public Health Directory Quarterly Reviews:** Programs that have required jurisdictions to update the directory with specific information through the deliverables will now do so through the Administration A1 requirement. The A1 is the deliverable for updating the directory, but the programs who depend on the information will now audit their relevant directory categories each quarter to ensure accuracy. Be sure to read the extended guidance in A1.
6. **Year-Long Opportunity Deliverable Requirements:** In the past we had deliverables due in the 4<sup>th</sup> quarter that jurisdictions could complete at any point during the year. However, jurisdictions had to wait until the last quarter to report their progress. This budget period we have deliverables in Food & Water Safety, Health Alert Network, Risk Communications, Planning, and Training that are designated as reportable in any quarter in which they are completed. We hope this discourages jurisdictions from waiting until the final quarter to complete a requirement that they could have

finished much earlier. Each quarterly progress report will have an option to report any of the **Any Quarter** designated deliverables.

- 7. Adding and Retracting Deliverable Requirements** – The extended response to the COVID-19 pandemic demonstrated that we must occasionally add requirements to the cooperative agreement to ensure operational success, both for an emergency response and to accomplish the goals of the grant for the budget period. PHEP might find it necessary to add deliverables, although the occasion will be rare. There are also times at which PHEP or one of its partner programs will either rescind or suspend a deliverable due to an emergency response or some other situation that makes the requirement disproportionately burdensome or irrelevant. PHEP will send notice of either addition or retraction of deliverable requirements through email, described in contractor meetings, and reflected in the quarterly progress report.
- 8. Finally** – The HAN category (Health Alert Network) and the Public Health Directory deliverable are now categorized as *Information Management*. This change both aligns with the Capabilities Domains, but also reflects the broader subject matter of communications and informatic goals for emergency management, including HAN and maintaining emergency contact information.

## Submitting Progress Reports

### Due Dates

Jurisdictions must complete all contract deliverable work **within the quarter it is due** as designated in the Task Order (Section 4: Compensation) for the PHEP Cooperative Agreement. The due date for submitting a quarterly progress report is 15 days after the end of the quarter (or the first following business day).

Please note that the 15 days between the end of a quarter and the report due date is for gathering information and completing the report only. **You MUST complete work for the quarter DURING THE REPORTING PERIOD.** The 15 day grace period is within the next quarter, so completing deliverable requirements during that time **does not qualify**. See Figure 1 for the Progress Report Due Schedule.

Progress Report Due Schedule		
Quarter 1	July 1 – Sep. 30	Due Oct. 15
Quarter 2	Oct. 1 – Dec. 31	Due Jan. 15
Quarter 3	Jan. 1 – Mar. 31	Due Apr. 15
Quarter 4	April 1 – June 30	Due July 15

Figure 1.

DPHHS PHEP may withhold payment or issue only a partial payment if deliverables are submitted incomplete or beyond the 15-day grace period. (Section 4: Compensation).

*PHEP encourages jurisdictions to complete and return the quarterly progress report early for review. Jurisdictions submitting early can receive payment sooner.*

### Extensions

Jurisdictions will not receive extensions beyond the 15-day grace period to complete the required progress report except under extreme extenuating circumstances. PHEP will grant extension based on an ongoing emergency response that significantly interferes with your ability to complete the progress report on time. Any other factor must be described in detail on the extension request form. If you believe you have a valid reason to delay submitting your progress report, you **must request the extension by the [WEB FORM](https://pheap.formstack.com/forms/pheap_extension) only BEFORE THE END OF THE RESPECTIVE QUARTER** ([https://pheap.formstack.com/forms/pheap\\_extension](https://pheap.formstack.com/forms/pheap_extension)). The PHEP Section Supervisor will contact applicants to discuss circumstances and resolutions of each request.

**NOTE:** Under the new task order for this budget period, any jurisdiction that submits an extension request two quarters in a row is subject to a deduction in its quarterly payment. This provision is explained in the task order and staff will discuss it during the Regional Workshops.

### The PHEP Deliverables Resource (PDR) Website

Please note that the PDR has a *NEW* address: <https://dphhs.mt.gov/publichealth/phep/phep-resources/index>.

PHEP maintains the PDR website contains documents, weblinks, and other material for completion of the deliverable requirements. It also has links to the quarterly progress reports, DPHHS plans, exercise guidance, and other reference information.

You will see the PDR referenced frequently throughout this document.

### Final Note

Please read the requirements and guidance carefully. Knowing its contents and familiarity with the progress reports before deliverables are due will give you enough time to complete your work successfully. Subject matter experts at PHEP are readily available for each topic to answer any questions you may have.

There are 21 deliverable requirements for the 2022-2021 budget period.

## Requirements for Every Quarter

*These requirements, in addition to those listed for each quarter, are due 15 days after the end of every quarter of the budget period. You MUST also upload your budget materials every quarter.*

### Community Resilience

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#### CR1: ORR Preparation/Capability Workplan Progress

Write a synopsis each quarter about the progress made on your jurisdiction's PHEP Capabilities Gap workplan.

**Domains:** *Community Resilience*

#### Guidance:

The CDC is moving closer to implementing the planned Operational Readiness Review (ORR). The workplans you developed and the activities you have performed to reach the planned goals in the past three years will prepare your jurisdiction for that process. Montana will undergo a preliminary version of the ORR during this budget period at the state level. PHEP anticipates the 2024 ORR to measure the readiness of each local and tribal jurisdiction separately and then in congregate with the State for a combined score. This deliverable's intent is to ensure each jurisdiction is ready for the ORR by fulfilling its workplans. Jurisdictions should prepare for the ORR to report information to CDC in the next one or two years. Although the timeline is uncertain, the CDC assures us that the review will happen. *All jurisdictions will have to report in the ORR and will likely have to provide documentation to support their reporting. Working through your workplans based on jurisdictional gaps should make this task much easier.*

- IM1** Maintain the Montana Public Health Directory
- CR1** Capability Workplan Progress
- CR2** Contribute to Growth of Regional Healthcare Coalitions
- IZ1** Off-Site Influenza Clinics
- IZ2** Influenza Partners & Communication

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You have determined your own gaps in the preparedness and response capabilities through jurisdictional assessments and workbooks. The COVID-19 pandemic response over the last 2 budget periods have also revealed some areas for improvement. The pandemic also gave us opportunities to improve and close some gaps. The most important thing you can do with those lessons learned is to get them written into your plans. Actual experiences work best in planning scenarios.

Continue to employ your workplans and continue to provide a quarterly record of your progress towards each year's jurisdictional workplan. Include the targeted function, objective, and activities performed. Indicate the estimated percentage of work accomplished towards the goal or if you achieved the goal.

**To fulfill this deliverable:**

1. Implement your workplan and work towards its goals.
2. Answer the questions on the quarterly progress report.

## **CR2: Contribute to Growth of Regional Healthcare Coalitions**

Participate in Regional Healthcare Coalition (RHCC) activities.

**Domains:** *Community Resilience*

**Guidance:**

The PHEP 2019-2024 Cooperative Agreement requires coordination of activities between PHEP fund recipients and RHCCs, including under *Domain 1: Strengthen Community Resilience* and *Domain 5: Strengthen Surge Management*. The agreement requires activities that include planning, training, and exercises, with emphasis on medical surge and emergency response with RHCCs, EMS, and other health care organizations.

Each public health department must participate in activities of their respective RHCC **throughout** the year. You can view current activities on the coalitions' website at [www.mthcc.org](http://www.mthcc.org).

Look at other deliverables to find opportunities to participate in, or contribute to, the RHCCs.

The following are examples of participation

- Attend one of the two biannual meetings (or both)
- Participate in your RHCC designated quarter's F5 TTX
- Help plan and participate in emergency preparedness drills and exercises with other coalition members
- Create or strengthen agreements such as Memorandums of Understanding with emergency response and healthcare coalition members
- Engage the coalition and its members in capability planning and assigning roles and responsibilities
- \*Engage AFN healthcare providers for planning efforts
- Participate on any of the RHCC subcommittees

**\*Access & Functional Needs**

Local and tribal public health agencies should partner with ESF8 related AFN service organizations to develop or strengthen network communications and collaboration. These AFN healthcare providers are ESF8 designated partners within the RHCCs. Public health jurisdictions should consider them as response partners and include them in preparedness planning and emergency operations.

PHEP encourages meeting with AFN stakeholders to discuss emergency preparedness at least once this fiscal year. Encourage them to Conduct this meeting in the most convenient and effective way possible.

Include local emergency management considerations for how to best incorporate AFN stakeholders. LEPC approach is optional, but not required.

Three points of conversation:

- 1) AFN population preparedness and resilience.
- 2) AFN stakeholder organization preparedness and continuity of operations.
- 3) AFN stakeholder organization integration with local emergency operations.

### Montana Regional Healthcare Coalitions

- *Southern Regional HCC*: Bighorn, Carbon, CMHD, Crow, Gallatin, Madison, Park, Stillwater, Sweet Grass, and Yellowstone.
- *Eastern Regional HCC*: Carter, Custer, Daniels, Dawson, Fallon, Ft. Peck, Garfield, McCone, Northern Cheyenne, Phillips, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Treasure, Valley, and Wibaux.
- *Central Regional HCC*: Blackfeet, Blaine, Broadwater, Cascade, Chouteau, Ft. Belknap, Glacier, Hill, Jefferson, Lewis & Clark, Liberty, Meagher, Pondera, Rocky Boy, Teton, and Toole.
- *Western Regional HCC*: Beaverhead, CSKT, Deer Lodge, Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Powel, Ravalli, Sanders, and Silver Bow.

### To fulfill this deliverable:

1. Engage in a process that ensures **two** public health representatives within your RHCC sits on the executive committee. This does not mean two from your jurisdiction, just two from the *region* (see above). Determining how or who will represent public health on the committee is up to the LHJs of each region. DPHHS PHEP can provide technical support if requested. Executive committees will have to vote to accept new representatives.
2. Provide a narrative in the progress report outlining your jurisdiction's quarterly activities supporting your regional HCC.

## Information Management

Gerry Wheat, 406-444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

### IM1: Maintain the Montana Public Health Directory

Maintain and update contact information for all staff listed in the public health directory. Verify all specimen collection kit locations.

**Domains:** *Community Resilience, Information Management*

#### Guidance:

The Directory is an active resource for DPHHS and for other jurisdictions. This web based tool is not only a handy reference to reach out to colleagues, it also serves as an emergency resource inventory.

Jurisdictions should update information during the quarter *when changes occur*. Do not wait until the end during your review. The Directory information is used to send vital information, Health Alert Network messages, incident updates, to maintain situational awareness, and much more. Remove staff names and contact information when a vacancy occurs and leave positions blank until there is a replacement. Don't wait for the replacement.

Review your jurisdiction's *entire* directory information at the end of the quarter.

Each jurisdiction must log into the system with a username and password provided by DPHHS. The directory is found at <https://health.hhs.mt.gov/phd>. Verify that the information in the directory is complete each quarter, by selecting the “mark as reviewed” button at the bottom of each page for the various types of contacts. Every category and all data for each contact name listed must be verified.

**NOTE:** Programs requiring jurisdictions to keep information current in the directory will perform quarterly audits to ensure the categories relevant to them are up to date. You may be contacted by the individual program to resolve any issues in A1.

These programs are actively reviewing the [Public Health Directory](#).

- **Communicable Disease Epidemiology** – CDEpi performs outreach to local health departments to assist and advise jurisdictions with case reporting and items required by statute. Their staff maintains contact with many of the jurisdictions and will check the directory often.
- **Food & Consumer Safety** - Will audit a random selection of counties every quarter, to ensure that information entered in the public health directory under the category CDCB Environmental Health is accurate.
- **Public Health Laboratory** – Will review Category A Shippers, DWES, and CBAT kit locations every quarter. This year includes a new category that requires each jurisdiction to enter contact information for their laboratory Key Surveillance Partners (KSP), excluding corporate labs (e.g. Quest, LabCorp, Mako, etc.).
- **Public Health Emergency Preparedness** – PHEP reviews information related to emergency preparedness and response contacts. It will also ensure that important relevant information is up to date, such as the Board of Health Chair and Lead Local Official, for use by the Public Health & Safety Division and the Directors Office. PHEP is the primary custodian of the directory.

**To fulfill this deliverable:**

1. Review all information for every contact in each category below.
2. Update the following categories:
  - Board of Health Chair contact information
  - Cat A Shippers, DWES, CBAT, and clinical specimen kit locations
  - Clinical lab contacts (most often used)
  - Epidemiology Lead and secondary contacts
  - HAN Primary, Secondary, and Tertiary contacts
  - Health Department with after-hours numbers
  - Lead Local Health Officials’ contact information
  - MIDIS users
  - Preparedness Lead and Secondary
  - Preparedness Contract Liaison
  - Public Information Officer
  - Sanitarian Lead and Secondary contacts
  - SNS Coordinator
  - SNS drop point locations
  - Volunteer registry manager and back-up

NOTE: These are the required categories for PHEP. Other programs might require different or additional categories.

3. Select 'Mark as Reviewed' in the Directory.
4. Indicate which public health directory categories you updated in the quarterly progress report.

## Immunization

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### IZ1: Off-Site Influenza Clinics

Report the total number of off-site influenza immunization clinics and the total number of influenza vaccine doses administered at the off-site clinics.

**Domains:** *Community Resilience, Countermeasures and Mitigation, Incident Management, Information Management*

**Guidance:**

Off-site influenza clinics help enhance and strengthen the capabilities of a local health jurisdiction to respond to a public health emergency event requiring vaccine transport, handling, and administration. The implementation of off-site influenza clinic best practices increases efficiency and decreases vaccine administration errors and vaccine wastages during a public health emergency.

The *Immunization/PHEP* spreadsheet containing the IZ1 worksheet, provided by DPHHS, is available to track and report the total number of off-site influenza clinics and influenza doses administered each quarter. The spreadsheet is available by request.

**To fulfill this deliverable:**

1. Use the IZ1 worksheet to track off-site clinics and doses of influenza administered.
2. Total the number of off-site influenza clinics conducted every quarter.
3. Total the number of influenza doses administered every quarter.
4. Report the total number of off-site clinics and influenza doses administered to complete the Progress Report every quarter.

### IZ2: Influenza Partners & Communication

Report influenza vaccination planning with your jurisdiction's influenza partner agencies or groups and types of media outreach used to advertise influenza prevention messaging and your influenza clinics.

**Domains:** *Community Resilience, Countermeasures and Mitigation, Information Management*

**Guidance:**

Advanced planning, including identifying communication strategies, are important components to emergency management. Planned collaborations among local partners strengthen preparedness partnerships. In addition, using effective communication methods during a public health emergency can streamline response activities.

The *Immunization/PHEP* spreadsheet containing the IZ2 worksheet (tab 2), provided by DPHHS, is available to track and report the track vaccine partner meetings and influenza prevention messaging and clinic advertising. The spreadsheet is available by request.

**To fulfill this deliverable:**

1. Use the IZ2 worksheet to track vaccine partner meetings and influenza prevention messaging and clinic advertising every quarter.
2. Report the information to the Progress Report every quarter.

# Requirements Due Any Quarter

Jurisdictions may complete these deliverable requirements **at any point during the budget period** and report their completion for the quarter in which they occurred. However, *you must complete **all** of these deliverables before the end of the 4<sup>th</sup> Quarter of BP 19-04!* PHEP encourages local and tribal jurisdictions to complete their deliverables as soon as possible, and these four lend themselves to completion within any quarter during the grant period. **Jurisdictions can report right away when a deliverable is complete instead of waiting until the 4th Quarter.**

- C1** Continuity of Operations Training
- F1** Sanitarian Participation in LEPC
- F3** Sanitarian Training Requirements
- IM2** Redundant Tactical Communications Test
- P1** Communicable Disease Plan
- P2** Pandemic Influenza Plan
- RC1** CERC Training
- T1** ICS/IS Training

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## Continuity of Operations Planning

### Community Resilience

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### C1: Continuity of Operations (COOP) Training

Successfully complete FEMA's independent studies course [IS 1300: Introduction to Continuity of Operations](#).

**Domains:** *Community Resilience, Incident Management, Surge Management*

#### Guidance:

FEMA's course description: This course is intended to lay the foundation of knowledge for students who wish to increase their understanding of continuity and building a comprehensive continuity program in their organization or jurisdiction.

This course replaces [IS-546.a Continuity of Operations Awareness Course](#) and [IS-547.a Introduction to Continuity of Operations](#).

The online course is found here, [IS-1300: Introduction to Continuity of Operations - Welcome \(fema.gov\)](#). Successful completion means passing the final exam for the certificate. You will need a FEMA SID (student identification number) to register.

Please remember that **COOP is not a recovery function**, although it does have a role in those operations. Rather, it is an emergency management function meant to keep your organization running during a crisis, disaster, or emergency. This awareness-level course gives you the groundwork for your own COOP planning.

At least one person from your health department must complete this course during the 2022-2023 budget period. This deliverable requirement is met if someone in your agency has completed this course within the last 4 years (or the IS-546.a and IS-547.a combination).

#### To fulfill this deliverable:

1. A staff member from your local health department will complete FEMA's independent studies course [IS 1300: Introduction to Continuity of Operations](#).

2. Submit the name of the participant, the date completed, and a copy of the individual's certificate to the quarterly progress report.
3. If a staff member from your local health department has completed this course within the last 4 years, submit the name of the participant, the date completed, and a copy of the individual's certificate to the progress report in the earliest quarter possible.

## Food & Water Safety

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### F1: Sanitarian Participation in LEPC

A registered sanitarian (RS) from your jurisdiction's environmental health office must attend at least one LEPC or TERC meeting during the budget period.

**Domains:** *Community Resilience, Incident Management*

#### Guidance:

Interaction with your local sanitarian in reporting their Food & Water Safety preparedness and response activities creates a routine collaboration intended to cultivate a foundation for emergency preparedness. DPHHS encourages sanitarians to share opportunities to collaborate on preparedness and response with the LEPC and TERC groups. Be sure to introduce and explain the local truck wreck procedures in the meetings. Other topics could include the role of sanitarians in a community water tampering event, water safety in flooding conditions, or the role of a sanitarian in shelter operations.

In jurisdictions with a contract sanitarian, a representative may attend in their place until the sanitarian's current contract ends. The representative may be a local DES agent, the local health officer, or another public health official who is able to communicate important information on behalf of the local sanitarian.

**If a representative is going in place of a sanitarian, you will need to report when the sanitarian's contract will end. After that end date, representatives will no longer be approved.**

#### To fulfill this deliverable:

1. Collaborate with your jurisdiction's sanitarian regarding upcoming LEPC or TERC meetings.
2. Enter the date the sanitarian attended your jurisdiction's TERC or LEPC Meeting on the PHEP quarterly deliverable report.
3. If a representative attends the meeting in place of the sanitarian all the following are required for approval:
  - a. Provide a summary of what information was communicated, who the representative was, and the date they attended the meeting
  - b. Provide a date for the end of the current contract with sanitarian. Work with your local board of health to get attendance to LEPC for sanitarians a requirement for the future.

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### **F3: Sanitarian Training Requirements**

1. A registered sanitarian (RS) for your jurisdiction conducting pool inspections must demonstrate completion of training in swimming pool inspection techniques
2. A registered sanitarian (RS) for your jurisdiction conducting retail food inspections must demonstrate completion of a food safety training program

**Domains:** *Community Resilience, Biosurveillance*

#### **Guidance:**

Sanitarians who are responsible for swimming pool inspections must complete training in inspection techniques per Circular FCS 3-2020 12.2.2. The RS for your jurisdiction who is responsible for conducting retail food inspections must complete a food safety training program per MCA 50-50-301.

FCS will offer information on training throughout the year. Sanitarians must provide proof of successfully completing the training requirements.

#### **To fulfill this deliverable:**

1. During budget period, submit a copy of certificate of food safety training for all registered sanitarians who conduct retail food inspections.
2. During budget period, submit a copy of a non-expired CPO training certificate or other approved training for all registered sanitarians that conduct pool inspections.
3. Sanitarians who have not completed the appropriate training will need to do so by the end of the budget year

## **Information Management**

**Gerry Wheat**, 406-444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

### **IM2: Redundant Tactical Communications Test**

Conduct a redundant communications test to maintain connectivity with PHEP

**Domains:** *Incident Management, Information Management*

#### **Guidance:**

Some emergencies involving disasters might consist of damage to standard communication systems, and a reliable and stable communications infrastructure is vital for an effective emergency response. Public health depends on this infrastructure for emergency communication and information sharing programs such as the Health Alert Network (HAN). The mechanisms used for these messages must be resilient. Mitigating any potential for losing standard communications capability is the basis for establishing redundant communication capabilities.

Redundant communications tests mean using a device other than land line or office phone. Good planning means documenting alternate means of communication into of your plans for exchanging emergency information.

This deliverable requires someone from your jurisdiction **to use email to contact DPHHS PHEP at [mtphep@mt.gov](mailto:mtphep@mt.gov)**. Include in the email staff **why** you are sending the email (redundant communication test) and information such as **your name, your jurisdiction, and list of your available redundant communication modes** (e.g. landline, mobile phone, text, etc.).

**To fulfill this deliverable:**

1. In any quarter during the budget period, email DPHHS PHEP at [mtphep@mt.gov](mailto:mtphep@mt.gov) and provide your **name, jurisdiction and list of your available redundant communication modes.**
2. Record the date of the email and sender in the quarterly progress report.
3. Indicate on the progress report if your health department has redundant communications written in a plan and the name of the plan if specified.

## Community Resilience

### Planning

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### P1: Communicable Disease Response Plan

Review and update, if necessary, your jurisdiction’s response plan for communicable disease.

**Domains:** *Community Resilience, Incident Management, Information Management, Surge Management, Biosurveillance*

**Guidance:**

Use the assessment tool provided in the deliverable resources folder in the PDR webpage <https://dphhs.mt.gov/publichealth/phep/phep-resources/index>. A sample checklist is in [Appendix B](#).

Communicable disease response plans should consider all components stated on the checklist or have a reference to another portion of your plan or a separate protocol that covers the listed component. Include your ESF8 partners, including your KSPs, emergency manager, and any other healthcare facility that will assist in a communicable disease response. Involve your jurisdiction’s Health Officer.

**NOTE:** We anticipate the Operational Readiness Review (ORR) will require you to submit your jurisdiction’s communicable disease plan. PHEP and CDEPI recommend covering all the elements in the checklist.

Remember that part of your plan involving memos of understanding and agreements include sharing medical data. Ensure the standing request for release of Department of Veteran’s Affairs medical record data is current for your health jurisdiction. CDEpi will contact you to update this standing request.

Create a concurrence or promulgation signature page just inside of your plan if you don’t already have one. When you have reviewed and updated your plan, present it to the Board of Health for review. **An example concurrence/promulgation signature page is in [Appendix B](#)** and available on the [PDR](#). When the Board approves your plan, have the BOH Chairperson and the Health Officer for your jurisdiction sign the concurrence/promulgation page. Their signature should indicate acknowledgement that the

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procedures outlined in the checklist and contained in your plan are what your agency will do in the event of a communicable disease response.

**To fulfill this deliverable:**

1. Review and update your communicable disease plan, creating a concurrence/promulgation signature page if it does not already contain one.
2. Present the plan to the Board of Health
3. Have your Board of Health Chairperson and Health Officer, or their designees sign the concurrence/promulgation page in the plan.
4. Upload a scan of the signed page into the quarter's progress report.
  - a. NOTE: Do not upload the checklist. Upload the SIGNED concurrence/promulgation page for the plan ONLY.

## Community Resilience

### Planning

Luke Fortune, 406-444-1281, [lfortune@mt.gov](mailto:lfortune@mt.gov)

### P2: Review the Pandemic Influenza Plan

Review and update your jurisdiction's Pandemic Influenza Plan.

**Domains:** *Community Resilience, Incident Management, Information Management, Surge Management, Biosurveillance*

**Guidance:**

Use the assessment tool provided in the deliverable resources folder in in the PDR webpage <https://dphhs.mt.gov/publichealth/phep/phep-resources/index>. A sample checklist is in [Appendix B](#). This tool provides guidance for what a plan should provide to layout the groundwork for a pandemic response. An example of the assessment tool is located in the appendix.

Local planning for pandemic influenza is better served by reflecting what will actually happen in your jurisdiction if it occurs. The COVID-19 pandemic is a very close facsimile of influenza, and your experience responding to that public health emergency should provide you good grounding for revisions of your flu plan.

Your jurisdiction's After-Action Report (AAR) for the COVID-19 response ought to give you gaps and successes that you can work into your plan as well. Reflect the Public Health Emergency Preparedness & Response Standard Capabilities, but make sure it is accurate to your jurisdiction's resources and processes.

The review and update process for your jurisdiction's pandemic influenza plan should include your response partners. Invite those who you list with roles and responsibilities, such as the local emergency manager, hospital preparedness coordinator, and any other stakeholders. This will enable the community to be aware of the plan and engage in healthcare response in a positive manner.

**NOTE:** We anticipate the Operational Readiness Review (ORR) will require you to submit your jurisdiction's communicable disease plan. PHEP and CDEPI recommend covering all the elements in the checklist.

Follow the same process as reviewing and updating the communicable disease response plan. Create a concurrence/promulgation signature page just inside of your plan if you don't already have one. **An example concurrence/promulgation signature page is in [Appendix B](#)** and available on the [PDR](#). When

you have reviewed and updated your plan, present it to the Board of Health for review. When the Board approves your plan, have the BOH Chairperson and the Health Officer for your jurisdiction sign the concurrence/promulgation page. Their signature should indicate acknowledgement that the procedures outlined in the checklist and contained in your plan are what your agency will do in the event of a communicable disease response.

**To fulfill this deliverable:**

1. Review and update your pandemic influenza plan, creating a concurrence/promulgation signature page
2. Present the plan to the Board of Health
3. Have your Board of Health Chairperson and Health Officer, or their designees sign the concurrence/promulgation page in the plan.
4. Upload a scan of the signed page into the quarter's progress report.
  - a. NOTE: Do not upload the checklist. Upload the SIGNED concurrence/promulgation page for the plan ONLY.

## Risk Communications

Andrea Wingo, 406-444-0919, [andrea.wingo@mt.gov](mailto:andrea.wingo@mt.gov)

### RC1: CERC Training

Complete a Crisis and Emergency Risk Communications training or refresher training.

**Domains:** *Community Resilience, Information Management*

**Guidance:**

Identify personnel from your jurisdiction who need public health risk communications or public information training. This year's CERC training will be moving away from a theory centered instruction and toward a process centric approach. Elements covered include:

1. Information Management
2. Planning (including Hasty, Detailed, and Deliberate approaches)
3. Development (including Audience Assessment, Prototyping, and Pre-Testing)
4. Approval
5. Publication (including Production, Distribution, and Dissemination)
6. Evaluation

DPHHS PHEP will offer two trainings. *CERC Operations* and *CERC Refresher*. CERC Operations will be a 12 hour small group discussion-based course, covering each step in detail, with practical exercises and an exam. The CERC Refresher Course will be a 1 hour course summarizing CERC Operations with no practical exercises or exam. If the CERC Operations training is too much, and the CERC Refresher is not enough; identified personnel may opt to take the online CDC CERC Class.

**To fulfill this deliverable**

1. Provide the names and title of each person from your jurisdiction, along with the course name and date completed. Work with your local emergency manager to offer it to others in your county government if you do not have the appropriate staff in your public health office to take this training.
  - DPHHS CERC Operations
  - CDC CERC Online
  - DPHHS CERC Refresher Training

- Or another training courses approved by the PHEP Risk Communications Coordinator
2. Upload certificates of completion.

## Training

Jake Brown, 406-444-1305, [jacob.brown@mt.gov](mailto:jacob.brown@mt.gov)

### T1: IS/ICS Training

Ensure public health staff have passed FEMA training courses for the incident command structure, at a minimum, in ICS 100, 200, and 700.

**Domains:** *Incident Management*

**Guidance:**

All PHEP personnel and public health staff that could be called upon to respond to an emergency or disaster should know how incidents are managed under the National Incident Management System. This system is the framework to ensure that all events are handled the same way across all agencies, ensuring consistency in operations and communications. The basic courses of 100, 200, and 700 familiarizes participants with the concepts.

If staff is already trained to that level, those who might serve in an emergency operations center or an incident command role should take the ICS 300 and 400 courses if they are available (at the time of this writing, those courses are under revision). If all staff are already trained to the higher level, at least one person must take at least one other FEMA ICS or independent study course.

The courses can be completed at any time during the budget period.

The introductory courses are available online via the FEMA Independent Study training website (<https://training.fema.gov/is/>). You may work with your emergency manager to explore training options for other courses through the Montana Disaster and Emergency Services.

**To fulfill this deliverable:**

1. Select staff to take the appropriate courses
  - a. IS/ICS 100, 200, 700 for new staff or those needing refresher
  - b. ICS 300, 400 (if available) for staff already trained in basic courses
  - c. If all staff are trained in the prescribed series, at least one other ICS course of choice
2. The select staff takes the courses from a live instructor or the on-line course and receives or downloads the official FEMA certificate.
3. Keep a record or spreadsheet of who has completed which courses for future reference.
  - a. Make a back-up file
  - b. Scan certificates for files
4. List the names, courses, and dates of completion on the progress report.

<b>Notes</b>
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# Requirements for 1<sup>st</sup> Quarter

These requirements, in addition to those listed for every quarter (page A-4), are due 15 days after the end of 1<sup>st</sup> quarter – October 15.

## Information Management

Gerry Wheat, 406-444-6736, [gwheat@mt.gov](mailto:gwheat@mt.gov)

### IM3/T2: New Health Alert Network System

Attend training in person or virtually to for the new HAN system at the Summer Institute.

**Domains:** *Incident Management, Information Management*

#### Guidance:

DPHHS PHEP is employing a new system for health messaging. The new system is based on the Juvare platform and is open for local and tribal public health to use. The system is more reliable and simpler to use than the previous system. Plus, the new system **will allow local access for jurisdictions**, giving them the ability to store their own contacts and information, ready to send their own messages. Local use on a uniform and shared program to send a message to their own contacts will save time.

At least one person from each jurisdiction must attend this training either in Billings or virtually. PHEP highly encourages a back-up (or two) for training as well.

**NOTE:** The Summer Institute is held in Billings for 2022 and it is still under development. DPHHS will provide more details and information about the Institute within the 4<sup>th</sup> quarter of BP 2021-2022. This includes virtual web options and in person attendance.

#### To fulfill this deliverable:

1. Register for the Summer Institute and select the course training for the new HAN system.
2. Attend the course either in person or virtually. Your attendance will be recorded.
3. Answer the survey questions on the quarterly progress report.

## Food & Water Safety

Staci Evangeline, 406-444-2089, [staci.evangeline@mt.gov](mailto:staci.evangeline@mt.gov)

### F2: Review Truck and Train Wreck Protocol

The Registered Sanitarian (RS) works with your jurisdiction's local Board of Health to maintain an approved truck wreck response procedure under [MCA 50-2-118](#).

**Domains:** *Community Resilience, Incident Management, Information Management, Biosurveillance*

#### Guidance:

Ensure that information in your current protocol is up to date and meets standards in accordance to [MCA 50-2-118](#) (<http://leg.mt.gov/bills/mca/50/2/50-2-118.htm>). DPHHS will provide sample accident protocols on the sanitarian resource page. These may be used as guidance in cases where protocols need to be re-written. Although commonly referred to as the "Truck Wreck Protocol", remember that this procedure should be used for **any** accident involving the transportation of food, including trains.

**IM3/T2** New HAN System training at Summer Institute

**F2** Review Truck and Train Wreck Protocol

**F5** RHCC TTX for Foodborne Illness & Food-Related Injury

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**To fulfill this deliverable:**

1. Review the current truck and train wreck protocols regarding food transportation.
  - a. If the protocol has been modified or relevant staffing changes have occurred, summarize any changes that were made in the progress report.
  - b. If the protocol remains current, provide a written statement in the progress report that the previous year's protocol is still accurate.
2. Indicate on the quarter's progress report that current truck and train wreck protocol was presented to the local Board of Health and the date and time of the meeting.

## Food & Water Safety

Staci Evangeline, 406-444-2089, [staci.evangelina@mt.gov](mailto:staci.evangelina@mt.gov)

### F5: Regional HCC TTX for Foodborne Illness & Food-Related Injury – **Suspended**

**NOTE:** *This requirement is suspended due to staff shortage and turn-over in the Food and Consumer Safety Section. Although unlikely for this budget period, if circumstances improve and development of an alternate or equivalent deliverable might be feasible, you will be informed and provided with the appropriate guidance.*

## Public Health Laboratory

Kim Newman, 406-444-3068, [knewman@mt.gov](mailto:knewman@mt.gov)

### L2: DWES Kit Inventory

The environmental health staff responsible for safe community water supply will inventory the contents of the Drinking Water Emergency Sampling Kit (DWES) supplied by the Montana Public Health Lab.

**Domains:** *Incident Management, Information Management, Biosurveillance*

**Guidance:**

The purpose of this inventory is to verify the location, contents, and condition of the DWES kits supplied by the DPHHS Public Health Laboratory. The information you provide will also determine if the kits still contain the proper elements and are not damaged or leaking.

These kits were assembled and distributed several years ago. The lab has occasionally received reports that some kits lost their seals, items within them were leaking, or used for purposes other than intended. Turnover of personnel over the years has also contributed to some neglect or misplacement. Consequently, becoming familiar with the contents is practical.

The custodian of the DWES kit should be a jurisdictional sanitarian, environmental health personnel, or community water supply operator and is the appropriate person/agent to conduct the inventory. Contact Kim Newman if you need assistance.

**To fulfill this deliverable:**

1. Contact the appropriate partner in your jurisdiction responsible for water safety.
2. Explain the situation and the deliverable. Don't forget to remind them of the quarter deadline.
  - a. Give them the link for the DWES inventory.  
[https://PHEP.formstack.com/forms/dwes\\_kit\\_inventory](https://PHEP.formstack.com/forms/dwes_kit_inventory)
  - b. Encourage them to call Kim Newman at the Public Health Laboratory for help.
3. When the survey is completed and submitted, you should get an email to confirm. Mark the L2 deliverable requirement in progress report as complete.

# Requirements for 2<sup>nd</sup> Quarter

These requirements, in addition to those listed for every quarter (page A-4), are due 15 days after the end of 2<sup>nd</sup> quarter – January 15.

## Countermeasures & Mitigation

### Emergency Medical Countermeasures

Taylor Curry, 406-444-6072, [taylor.curry@mt.gov](mailto:taylor.curry@mt.gov)

### Exercise

Gary Zimmerman, 406-444-3045, [gzimmerman@mt.gov](mailto:gzimmerman@mt.gov)

### Immunization

Michelle Funchess, 406-444-2969, [mfunchess@mt.gov](mailto:mfunchess@mt.gov)

\* **Countermeasures and Mitigation** is one of the six domains of the *Public Health Emergency Preparedness and Response Capabilities National Standards* (2018). Its purpose is to strengthen access to and the administration of pharmaceutical and non-pharmaceutical interventions, ensure safety and health of responders, and to operationalize response plans. PHEP has created this deliverable by melding deliverable requirement elements of Immunization, Emergency Medical Countermeasures, and Exercise.

**CM1** Off-Site Influenza Point-of-Dispensing (POD) Vaccination Clinic

**E1** Collaborative Activities with Key Surveillance Partners (KSP)

**F4** Update Contact Information for All Licensed Establishments

**F5** RHCC TTX for Foodborne Illness & Food-Related Injury

**L1** Sample Transport Plan Review

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### CM1: Off-Site Influenza Point-of-Dispensing (POD) Vaccination Clinic

Conduct an off-site influenza vaccination clinic as a POD exercise following your emergency medical countermeasures plan.

**Domains:** *Community Resilience, Incident Management, Countermeasures & Mitigation*

#### Guidance:

Guidance is divided in three sections, but each is integral to the other for the deliverable. Please read carefully to ensure you complete all the components of the deliverable.

### Emergency Medical Countermeasures

Jurisdictions must ensure they can support medical countermeasure distribution and dispensing for all hazard events. This includes having an auxiliary inventory to support operations, such as office supplies, signs, credentialing systems, crowd control equipment, and more.

PODS (Points of Dispensing) are set up to quickly get medicines and treatment advice to people in emergency situations, when there is an outbreak of a highly contagious disease, during some natural disasters, or in the event of a bioterror or chemical attack. It is important to know what you need to establish a POD and how to set up a POD facility efficiently and quickly.

- Using your POD supplies (e.g. POD Box if it is part of your plans) set-up at least one (1) of your selected POD facilities. Be sure to inventory items and replace any that are worn or damaged. You can use your PHEP funds to support your POD exercise.
- Follow your written POD plan, including maps, messaging, and processing.
- You must include your partners and stake holders and involve **at least two** local or state organizations utilizing your jurisdiction's Emergency Medical Countermeasures Plan.

## Vaccinations

Preparing an off-site influenza clinic is comprised of multiple parts. Checklists provide systematic ways to ensure necessary protocols and best practices are followed to ensure the safety of individuals. The *Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations* will help you stay organized. Review and complete the checklist throughout the process of planning, exercising, and reviewing your off-site POD influenza clinic. Complete the sections as they correspond to the three stages of an off-site influenza clinic. The stages include “before the clinic”, “during the clinic”, and “after the clinic.”

Retrieve the checklist from the [PHEP Deliverable Resources \(PDR\)](#) webpage under **Immunization**. A copy is also in the PHEP requirements binder in [Appendix A](#). Complete the checklist to the best of your ability and submit.

While checklists keep you organized, patient tracking during the clinic ensures an accurate accounting for vaccine distribution. In the event of a pandemic influenza outbreak, jurisdictions may be asked to provide information on the vaccination tier groups who received the allocated vaccine.

Submit aggregate totals for each vaccination age group identified (see below, under Vaccination Population Group Screening Question). This data should be collected during the patient intake process of one off-site influenza clinic.

Review and decide how to incorporate the *Vaccination Population Group Screening Question* into the patient intake process during one off-site influenza clinic. The *Vaccination Population Group Screening Question* is located below and will be available on the [PDR](#) webpage under Immunization.

### *Vaccination Population Group Screening Question:*

Indicate if you fit into one or more of the groups below: (check all that apply)

- Pregnant woman
- Infant or toddler 6-35 months old
- Household contact of infant <6 months old
- Person aged 3-64 years old who is at higher risk for influenza-related complications
- Person aged 3-64 years old not at higher risk for influenza-related complications
- Adults 65+ years old

When you audit your patient intake, total each of these six categories for reporting purposes.

## Exercise

Conducting this influenza POD clinic exercise according to your written plan provides you an opportunity to discover if there are areas to improve, anything you can do without, and anything you need to add. Gathering the information and preparing an After-Action Report (AAR) will help you organize all of the information you gather. Developing an Improvement Plan (IP) will lay out a path to make that information useful and help you prepare for the next clinic or pandemic response.

Following the POD clinic, complete an AAR/IP. You can use your own AAR/IP form or download a copy from the [PDR](#) under Exercises.

### **To fulfill this deliverable:**

1. Schedule and prepare for an off-site POD as an influenza vaccination clinic according to your emergency medical countermeasures plan.
  - a. Inventory your POD supplies (POD Box)
  - b. Upload a copy of the inventory to the progress report.

2. Download and review the *Checklist for Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations*.
  - a. Complete the sections during the appropriate stages.
  - b. Upload the completed checklist to the Progress Report.
3. Review the Vaccination Population Group Screening Question and incorporate this question into patient intake for the clinic.
  - a. Report aggregate totals for each vaccination group indicated. There will be a total of six groups to report.
  - b. Submit aggregate totals for each group to the Progress Report.
4. Complete and submit an AAR/IP to the progress report.

## Epidemiology

Danny Power, [danny.power@mt.gov](mailto:danny.power@mt.gov)

### E1: Collaborative Activities with Key Surveillance Partners (KSP)

Identify, engage, share information, and report activities with your jurisdiction’s Key Surveillance Partners.

**Domains:** *Community Resilience, Information Management, Biosurveillance*

**Guidance:**

KSPs are critical sources for ongoing case report and disease related information. Knowing the number and types of KSPs in your jurisdiction is critical to ensuring the data you collect is reliable and accurate. The objective of this deliverable is to ensure that 100% of your key surveillance partners have the most current information regarding communicable disease reporting.

When you engage your KSPs, disseminate the list of reportable conditions and reporting instructions, *preferably in person or via presentations*. Record the date(s) of dissemination or indicate when your jurisdiction plans do so. During this distribution, please stress the importance of utilizing the after-hours or 24/7 contact information for your jurisdiction and when these numbers should be used.

Disseminating regular informational materials will also maintain communication channels. Examples of items to distribute are: DPHHS Communicable Disease Weekly Updates, MIDIS generated reports, HAN messages, and reportable disease related presentations.

The number and type of KSPs may vary for each local or tribal jurisdiction, as well as the urban or rural nature of its population. KSPs should always include laboratories and key providers who are likely to report diseases, such as community health centers, hospitals, clinics, etc. KSPs should also include schools and long-term care facilities, at least seasonally, because those can be affected during influenza season and are often sources of outbreaks like norovirus.

Notes

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Engaging these KSPs in active surveillance is very valuable for the timely identification of cases and outbreaks. It also encourages two-way communication pertaining to the collection of information related to reportable conditions, as well as sharing of information that may be relevant to the provider.

We encourage you to employ effective communication strategies with these partners, including weekly calls, to increase the likelihood of reporting a communicable disease. However, weekly calls to each one may not be feasible for highly populated jurisdictions. It may be best to identify a key contact in an organization or facility and count that as one KSP. We do, however, recommend establishing primary and secondary contacts with each KSP to ensure communication. KSPs will likely overlap with your HAN lists.

**To fulfill this deliverable:**

1. Identify and provide the total number of KSPs within your jurisdiction for active surveillance purposes. Record the number of KSPs by type on the progress report.
  - a. Providers (e.g., private and community clinics)
  - b. Laboratories
  - c. Schools
  - d. Senior Care Facility (Nursing homes/assisted living facilities)
  - e. Other partners
  - f. Total number of KSPs
2. Engage your key surveillance partners through “active” weekly or biweekly surveillance calls.
  - a. Maintain log of active surveillance calls (a sample template is available in the resource directory).
  - b. Indicate on the quarterly progress report if this log was completed.
  - c. It is not necessary to submit this log to DPHHS. Please maintain it locally and keep it with your grant progress report files.
3. Record the date(s) that disease reporting instructions were provided to KSPs with a general description of what materials were provided.
4. Report on the materials your jurisdiction distributes to KSPs each quarter.
  - a. Provide the frequency and short description of materials you will distribute to your KSPs during BP4 on the progress report.

## Food & Water Safety

Staci Evangeline, 406-444-2089, [staci.evangelina@mt.gov](mailto:staci.evangelina@mt.gov)

### F4: Update Contact Information for All Licensed Establishments

Fill in the contact information in the Licensed Establishment Database.

(NOTE: Only jurisdictions with less than 90% completion in any one category of the database will need to complete this deliverable.)

**Domains:** *Community Resilience, Information Management*

**Guidance:**

The Registered Sanitarian for your jurisdiction should regularly maintain and update contact information for all licensed facilities Licensed Establishment Database. Contact FCS to request a spreadsheet of the licensed facility information that is present in the database if you need one.

Only counties with less than 90% completion in any one category of contact information for licensed facilities will need to complete this deliverable. **FCS will notify counties at the beginning of the quarter if they are included in this deliverable.**

Review the contact information in the licensing database for your licensed establishments and confirm that the phone numbers, mailing addresses, email addresses and physical addresses for each licensed establishment in your jurisdiction are up to date. Wherever necessary, please correct the contact information so that it is current.

It is important to have up to date contact information for all establishments for emergency responses such as sewerage failures, power outages, flooding, and recall notification. It is also important to be able to easily notify establishments of changes to rules that affect them and remind them of license fee due dates.

The email addresses and phone numbers gathered for this deliverable should be added to all applicable Health Alert Network lists.

**To fulfill this deliverable:**

1. Ensure that the contact information (phone, email address, mailing address, and physical address) for each licensed establishment in your jurisdiction is current and accurate in the FCS Database.
2. Criteria for approval are:
  - a. Over 90% of phone numbers are present in database or are on spreadsheet.
  - b. Over 90% of physical addresses are valid and accurate in database or on spreadsheet.
    - i. Guidance on correct address formatting will be providing as an attachment. No addresses should be P.O. Boxes, intersections, streets without a number, etc.
  - c. Notable improvement is observed for email addresses.
  - d. Recognizing that 90% may not be obtainable if a jurisdiction has less than 20 licensed establishments, the metrics will be evaluated on a case-by-case basis. The evaluation will be based on measurable improvements and efforts seen.
3. If updated information cannot be modified by the Sanitarian in the FCS database, submit a spreadsheet that notes information changes by uploading it to the quarterly progress report.

**F5: Regional HCC TTX for Foodborne Illness & Food-Related Injury – Suspended**

**NOTE:** *This requirement is suspended due to staff shortage and turn-over in the Food and Consumer Safety Section. Although unlikely for this budget period, if circumstances improve and development of an alternate or equivalent deliverable might be feasible, you will be informed and provided with the appropriate guidance.*

## Public Health Laboratory

Crystal Fortune, 406-444-0930, [cfortune@mt.gov](mailto:cfortune@mt.gov)

Kim Newman, 406-444-3068, [knewman@mt.gov](mailto:knewman@mt.gov)

### L1: Sample Transport Plan Review

Review use of the jurisdiction sample transport plans and activities during COVID-19 pandemic response.

**Domains:** *Incident Management, Information Management, Biosurveillance*

**Guidance:**

Each jurisdiction will complete a questionnaire in Formstack that will ask about the use of existing sample transport plans or what alternate means were used in the absence of a satisfactory sample transport plan.

Every jurisdiction in Montana collected COVID-19 tests and sent samples to MTPHL. Each jurisdiction also has a sample transport plan developed and kept current through prior PHEP deliverable requirements. The pandemic created an opportunity to test these plans on a State-wide scale, and MTPHL wants to gather information about the effectiveness and usefulness of local plans.

MTPHL has specific questions it needs for its own review and to offer feedback, even if you might have covered this component in your jurisdiction's After-Action Report (AAR). Your AAR may be able to help you complete the questionnaire. The form may also help you if your jurisdiction or department has not yet conducted an AAR.

MTPHL's questionnaire in Formstack will ask for responses about the use of your jurisdiction's approved sample transport plan, including successes and areas for improvement. The questionnaire will also inquire about actions taken in the absence of a thorough transport plan. The form will be built, ready, and available before the 2<sup>nd</sup> Quarter.

**To fulfill this deliverable:**

1. Complete and submit the online questionnaire regarding your jurisdiction's use of its approved sample transport plan. MTPHL will provide feedback on areas for development and future delivery options.
2. Confirm completion of the form on the PHEP quarterly progress report.

## Requirements for 3<sup>rd</sup> Quarter

*These requirements, in addition to those listed for every quarter (page A-4), are due 15 days after the end of 3<sup>rd</sup> quarter – April 15*

### IM5: HAN Response Rate

Adjust your jurisdiction's HAN message response protocols to answer notifications from DPHHS to the updated parameters.

**Domains:** *Information Management*

**Guidance:**

*This deliverable requirement will start with the 3<sup>rd</sup> Quarter as the new HAN distribution system comes online for all jurisdictions.* DPHHS PHEP has adjusted its time parameters for responding to HAN notifications. These target acknowledgement times for response apply to both actual messages and exercise/drill messages.

- Local jurisdictions must respond to HEALTH ALERT notifications within 2 hours.
- Local jurisdictions must respond to HEALTH ADVISORY and HEALTH UPDATE messages *recommending distribution or limited distribution* within 12 hours.
- Local jurisdictions must respond to all other HAN messages within 24 hours.

-OR-

- Follow the response instructions included on the DPHHS HAN cover sheet.

The updated HAN policy restricts PHEP to sending HEALTH ADVISORY and HEALTH UPDATE HAN messages only from 8 a.m. to 12 noon. HEALTH ALERT messages may be sent at any time because of the severe nature that level of message carries.

**IM5 HAN Response Rate**  
**F5 RHCC TTX for Foodborne Illness & Food-Related Injury**  
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Shortening the time to respond to HAN messages brings Montana closer to the standards of its neighboring states. A rapid response rate will encourage distributing of healthcare related messages more efficiently as well as sharing situational awareness.

**To fulfill this deliverable:**

1. Respond to DPHHS HAN messages according to PHEP’s new parameters.
  - HEALTH ALERT notifications within 2 hours.
  - HEALTH ADVISORY and HEALTH UPDATE messages *recommending distribution or limited distribution* within 12 hours.
  - All other HAN messages within 24 hours.

*-OR-*

  - Follow response instructions on the HAN cover sheet.
2. Redistribute the proper HAN messages to the appropriate contacts within your jurisdiction.
3. The new HAN system will track your responses. No record is needed in the quarterly progress report.

## Food & Water Safety

Staci Evangeline, 406-444-2089, [staci.evangeline@mt.gov](mailto:staci.evangeline@mt.gov)

### F5: Regional HCC TTX for Foodborne Illness & Food-Related Injury – **Suspended**

**NOTE:** *This requirement is suspended due to staff shortage and turn-over in the Food and Consumer Safety Section. Although unlikely for this budget period, if circumstances improve and development of an alternate or equivalent deliverable might be feasible, you will be informed and provided with the appropriate guidance.*

# Requirements for 4<sup>th</sup> Quarter

These requirements, in addition to those listed for every quarter (page A-4), are due 15 days after the end of 4<sup>th</sup> quarter – July 15.

## Community Resilience

Colin Tobin, 406-444-3011, [colin.tobin@mt.gov](mailto:colin.tobin@mt.gov)

### CR3: End of Year Report

Write a brief description of your jurisdiction’s public health preparedness activities.

**Domains:** *Community Resilience, Information Management*

**Guidance:**

Each public health jurisdiction must submit a brief narrative to describe its preparedness activities during the budget period. These descriptions must be for activities performed outside of the deliverable requirements set forth in this cooperative agreement. The purpose of this requirement is to begin a record of accountability for the use of PHEP grant funding. The CDC PHEP program has been requesting more narrative-based examples of how the money is used at the local level. These examples are used to justify continuing funding from Congress.

The report must describe how PHEP funding has improved your preparedness during the last budget period. Activities that might be included are extra vaccination clinics during outbreaks, partial or full

CR3 End of Year Report

IM5 HAN Response Rate

F5 – RHCC TTX for Foodborne Illness & Food-Related Injury

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responses to actual emergencies such as wildfires or floods, or the number of activations for your Emergency Operations Center. Activation of any of your response plans and participation in exercises with other organizations also qualify. Please also suggest areas of preparedness in which your jurisdiction could use more assistance.

PHEP advises keeping a log or journal of activities throughout the budget period to help with this report.

**To fulfill this deliverable:**

1. Keep note of preparedness and response activities for your public health organization throughout the budget period.
2. Write a brief report of those activities in the progress report.

## **IM5: HAN Response Rate**

Adjust your jurisdiction's HAN message response protocols to answer notifications from DPHHS to the updated parameters.

**Domains:** *Information Management*

**Guidance:**

*This deliverable requirement will start with the 3<sup>rd</sup> Quarter as the new HAN distribution system comes online for all jurisdictions.* DPHHS PHEP has adjusted its time parameters for responding to HAN notifications. These target acknowledgement times for response apply to both actual messages and exercise/drill messages.

- Local jurisdictions must respond to HEALTH ALERT notifications within 2 hours.
  - Local jurisdictions must respond to HEALTH ADVISORY and HEALTH UPDATE messages *recommending distribution or limited distribution* within 12 hours.
  - Local jurisdictions must respond to all other HAN messages within 24 hours.
- OR-*
- Follow the response instructions included on the DPHHS HAN cover sheet.

The updated HAN policy restricts PHEP to sending HEALTH ADVISORY and HEALTH UPDATE HAN messages only from 8 a.m. to 12 noon. HEALTH ALERT messages may be sent at any time because of the severe nature that level of message carries.

Shortening the time to respond to HAN messages brings Montana closer to the standards of its neighboring states. A rapid response rate will encourage distributing of healthcare related messages more efficiently as well as sharing situational awareness.

**To fulfill this deliverable:**

4. Respond to DPHHS HAN messages according to PHEP's new parameters.
    - HEALTH ALERT notifications within 2 hours.
    - HEALTH ADVISORY and HEALTH UPDATE messages *recommending distribution or limited distribution* within 12 hours.
    - All other HAN messages within 24 hours.
- OR-*
- Follow response instructions on the HAN cover sheet.
  5. Redistribute the proper HAN messages to the appropriate contacts within your jurisdiction.
  6. The new HAN system will track your responses so there is no need to record in the quarterly progress report.

## Food & Water Safety

Staci Evangeline, 406-444-2089, [staci.evangeline@mt.gov](mailto:staci.evangeline@mt.gov)

### F5: Regional HCC TTX for Foodborne Illness & Food-Related Injury – **Suspended**

**NOTE:** *This requirement is suspended due to staff shortage and turn-over in the Food and Consumer Safety Section. Although unlikely for this budget period, if circumstances improve and development of an alternate or equivalent deliverable might be feasible, you will be informed and provided with the appropriate guidance.*

## Reserve

### Information Management

Colin Tobin, 406-444-3011, [colin.tobin@mt.gov](mailto:colin.tobin@mt.gov)

### IM4: Register Two Individuals in SAMS to Report ORR Data – **Cancelled**

# **A** *ppendix*

**Appendix A**      **A-30**

**Appendix B**      **A-39**

# Appendix A

## Checklist: Best Practices for Vaccination Clinics

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# CHECKLIST of

# Best Practices FOR Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

This checklist is a step-by-step guide to help clinic coordinators/supervisors overseeing vaccination clinics held at satellite, temporary, or off-site locations follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation. These CDC guidelines and best practices are essential for patient safety and vaccine effectiveness. This checklist should be used in any non-traditional vaccination clinic settings, such as workplaces, community centers, schools, makeshift clinics in remote areas, and medical facilities when vaccination occurs in the public areas or classrooms. Temporary clinics also include mass vaccination events, walk-through, curbside, and drive-through clinics, and vaccination clinics held during pandemic preparedness exercises. **A clinic coordinator/supervisor at the site should complete, sign, and date this checklist EACH TIME a vaccination clinic is held.** To meet accountability and quality assurance standards, all signed checklists should be kept on file by the company that provided clinic staffing.

This document also contains sections, marked in red, that outline best practices for vaccination during the COVID-19 pandemic. For continued up-to-date guidance, please visit [www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html](http://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

## INSTRUCTIONS

1. A staff member who will be at the vaccination clinic should be designated as the clinic coordinator/supervisor. This person will be responsible for completing the steps below and will be referred to as “you” in these instructions.
2. Review this checklist during the planning stage of the vaccination clinic—well in advance of the date(s) when the clinic will be held. This checklist includes sections to be completed before, during, and after the clinic.
3. **Critical guidelines for patient safety and vaccine effectiveness are identified by the stop sign icon: . If you check “NO” in ONE OR MORE answer boxes that contain a , DO NOT move forward with the clinic. Follow your organization’s protocols and/or contact your state or local health department for guidance BEFORE proceeding with the clinic. Do not administer any vaccine until you have confirmed you can move forward with the clinic.**
4. Contact your organization and/or health department if you have any concerns about whether vaccine was transported, stored, handled, or administered correctly, whether patients’ personal information was protected appropriately, or other responses that you have marked as “NO” in rows that do not have the .
5. This checklist should be used in conjunction with CDC’s *Vaccine Storage and Handling Toolkit* [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf). For information about specific vaccines, consult the vaccine manufacturer’s package insert.
6. **This checklist applies ONLY to vaccines stored at REFRIGERATED temperatures** (i.e., between 2–8° Celsius or 36–46° Fahrenheit).
7. Sign and date the checklist upon completion of the clinic or completion of your shift (whichever comes first). *(If more than one clinic coordinator/supervisor is responsible for different aspects of the clinic, you should complete only the section(s) for which you were responsible.)*
8. Attach the staff sign-in sheet (with shift times and date) to the checklist (or checklists if more than one clinic supervisor is overseeing different shifts) and submit the checklist(s) to your organization to be kept on file for accountability.

Name and credentials of clinic coordinator/supervisor: \_\_\_\_\_

Name of facility where clinic was held: \_\_\_\_\_

Address where clinic was held (street, city, state): \_\_\_\_\_

Time and date of vaccination clinic shift (the portion you oversaw):

Time (AM/PM) \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

Time and date when form was completed:

Time (AM/PM) \_\_\_\_\_

Date (MM/DD/YYYY) \_\_\_\_\_

Signature of clinic coordinator/supervisor: \_\_\_\_\_



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

This document was created by the Influenza Work Group of the National Adult and Influenza Immunization Summit.  
Version 9 (Updated August 18, 2020)

**BEFORE THE CLINIC (Please complete each item before the clinic starts.)**

**VACCINE SHIPMENT**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccine was shipped directly to the facility/clinic site, where adequate storage is available. <i>(Direct shipment is preferred for cold chain integrity.)</i>

**VACCINE TRANSPORT (IF IT WAS NOT POSSIBLE TO SHIP VACCINES DIRECTLY TO THE FACILITY/CLINIC SITE)**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines were transported using a portable vaccine refrigerator or qualified container and packout designed to transport vaccines within the temperature range recommended by the manufacturers (i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines). Coolers available at general merchandise stores or coolers used to transport food are NOT ACCEPTABLE. See CDC's Vaccine Storage and Handling Toolkit for information on qualified containers and packouts: <a href="http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf</a> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The person transporting the vaccines confirmed that manufacturer instructions for packing configuration and proper conditioning of coolants were followed. <i>(Your qualified container and packout should include packing instructions. If not, contact the company for instructions on proper packing procedures.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The person transporting the vaccines confirmed that all vaccines were transported in the passenger compartment of the vehicle (NOT in the vehicle trunk).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A digital data logger with a buffered probe and a current and valid Certificate of Calibration Testing was placed directly with the vaccines and used to monitor vaccine temperature during transport.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The amount of vaccine transported was limited to the amount needed for the workday.

**VACCINE STORAGE AND HANDLING (UPON ARRIVAL AT FACILITY/CLINIC)**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If vaccines were shipped, the shipment arrived within the appropriate time frame (according to manufacturer or distributor guidelines) and in good condition.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the vaccine shipment contained a cold chain monitor (CCM), it was checked upon arrival at the facility/clinic, and there was no indication of a temperature excursion (i.e., out-of-range temperature) during transit. CCMs are stored in a separate compartment of the shipping container (a CCM may not be included when vaccines are shipped directly from the manufacturer). <i>Note: CCMs are for one-time use and should be thrown away after being checked.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon arrival at the facility/clinic (either by shipment or transport), vaccines were immediately unpacked and placed in proper storage equipment (i.e., a portable vaccine refrigerator or qualified container and packout specifically designed and tested to maintain the manufacturer-recommended temperature range). <i>Follow the guidance for unpacking and storing vaccines specified in CDC's Vaccine Storage and Handling Toolkit: <a href="http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf</a>.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon arrival at the facility/clinic, vaccines were still within the manufacturer-recommended temperature range (i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon arrival at the facility/clinic, vaccines remained protected from light (per manufacturer's package insert) until ready for use at the vaccination clinic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon arrival at the facility/clinic, expiration dates of vaccines and any medical equipment (syringes, needles, alcohol wipes) being used were checked, and they had not expired.

**CLINIC PREPARATION AND SUPPLIES**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A contingency plan is in place in case vaccines need to be replaced. The plan addresses scenarios for vaccine compromised before arrival at the clinic and for vaccine compromised during clinic hours.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An emergency medical kit (including epinephrine and equipment for maintaining an airway) is at the site for the duration of the clinic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All vaccination providers at the site are certified in cardiopulmonary resuscitation (CPR), are familiar with the signs and symptoms of anaphylaxis, know their role in an emergency, and know the location of epinephrine and are trained in its indications and use.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is a designated area at the site for management of patients with urgent medical problems (e.g., fainting).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate infection control supplies are provided, including biohazard containers and supplies for hand hygiene. If administering injectable vaccines, adhesive bandages, individually packaged sterile alcohol wipes, and a sufficient number of sterile needles and syringes and a sharps container are provided.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff members administering vaccines have reviewed vaccine manufacturer instructions for administration before the vaccination clinic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If using a standing order protocol, the protocol is current and available at the clinic/facility site.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A process for screening for contraindications and precautions is in place.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A sufficient number of vaccine information statements (VISs or Emergency Use Authorization [EUA]) forms, if required) for each vaccine being offered is available at the clinic/facility site.

**If you check "NO" in ONE OR MORE answer boxes that contain a STOP, DO NOT move forward with the clinic.**

- » Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic.
- » Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A designated clean area for vaccine preparation has been identified and set up prior to the clinic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A qualified individual has been designated to oversee infection control at the clinic.

**PREVENTING TRANSMISSION OF COVID-19 AT THE CLINIC**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient supply of PPE for staff is available, including face masks, gloves, and, if appropriate, eye shields.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient supply of face coverings is available for visitors and patients who may not have one.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient hand sanitizer is available so that staff and patients can repeatedly practice hand hygiene.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleaning supplies are available so workspaces can be cleaned regularly (note the amount needed may be more than normally required). (See <a href="#">EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2</a> the virus that causes COVID-19.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional controls, such as counters and plastic shields, are in place to minimize contact where patients and staff interact (e.g., registration or screening areas).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs, barriers, and floor markers to instruct patients to remain 6 feet apart from other patients and clinic staff have been set up before the clinic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sufficient supply of thermometers to check patient temperatures prior to entering the vaccination clinic and COVID symptom checklists.

**DURING THE CLINIC (Please complete each item while the clinic is occurring and review at the end of your shift.)**

**VACCINE STORAGE AND HANDLING (AT FACILITY/CLINIC)**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being kept in proper storage equipment that maintains the manufacturer-recommended temperature range (i.e., a portable vaccine refrigerator or qualified container and packout specifically designed and tested to maintain correct temperatures when opened and closed during the clinic).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccine temperature is being monitored during the clinic using a digital data logger with a buffered probe (placed directly with vaccines) and a current and valid Certificate of Calibration Testing. <i>Follow the monitoring guidance specified in CDC's Vaccine Storage and Handling Toolkit: <a href="http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf">www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf</a>.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If vaccines are being stored in a storage unit at the site, vaccine temperature data are being reviewed and documented a minimum of 2 times during each clinic workday (preferably at the beginning and middle of an 8-hour shift) to ensure they remain at correct temperatures (i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines). <i>If you are a VFC provider, check with your state immunization program for specific requirements for vaccine temperature monitoring during mass vaccination clinics.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If vaccines cannot be stored in a storage unit at the site, they are being kept in the portable vaccine refrigerator or qualified packout with a temperature monitoring device (with a probe in a thermal buffer) placed as close as possible to the vaccines, and temperatures are being read and recorded at least once an hour. The container is being kept closed as much as possible.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being protected from light during the vaccination clinic per the manufacturer's package insert.

**VACCINE PREPARATION**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Expiration dates of vaccines (and diluents, if applicable) are being checked again during preparation, and only vaccines that have not expired are being administered. <i>(Note: If you are using multidose vials, be sure to review beyond use dates, along with expiration dates.)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being prepared in a clean, designated medication area, away from any potentially contaminated items.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If using reconstituted vaccines, they are being prepared according to the manufacturer's guidelines.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccines are being prepared at the time of administration.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If vaccines are predrawn from a multidose vial, <b>only the contents of 1 multidose vial are being drawn up at one time by each staff member administering vaccines (the maximum number of doses per vial is described in the package insert).</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If using single-dose or multidose vials, syringes are being labeled with the name of the vaccine.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Once drawn up, vaccines are being kept in the recommended temperature range. <i>(Questions about specific time limits for being out of the recommended temperature range should be referred to the manufacturer.)</i>

**VACCINE ADMINISTRATION**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccine information statements (VISs or Emergency Use Authorization [EUA] forms, if required) are being provided to every patient, parent, or guardian before vaccination (as required by federal law).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All patients are being screened for contraindications and precautions for the specific vaccine(s) in use before receiving that vaccine(s).

If you check "NO" in ONE OR MORE answer boxes that contain a , DO NOT move forward with the clinic.

- » Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic.
- » Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is using proper hygiene techniques to clean hands before vaccine administration, between patients, and anytime hands become soiled. <a href="http://www.cdc.gov/handhygiene/providers/index.html">www.cdc.gov/handhygiene/providers/index.html</a>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If gloves are being worn by staff administering vaccines, they are being changed and hands are being cleaned using proper hygiene techniques between patients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is triple-checking labels, contents, and expiration dates or beyond use dates (as noted in the manufacturer's package insert, if applicable) before administering vaccine.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vaccines are normal in appearance (i.e., not discolored, without precipitate, and easily resuspended when shaken).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each staff member is administering only the vaccines they have prepared.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If more than one vaccine type is being administered, separate preparation stations are set up for each vaccine type to prevent medication errors.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vaccines are being administered using aseptic technique.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff is administering vaccine to the correct patient (e.g., if a parent/guardian and child or two siblings are at the vaccination station at the same time, patient's name and date of birth are verified prior to vaccination).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff is administering vaccines using the correct route per manufacturer instructions.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff is administering the correct dosage (volume) of vaccine.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff has checked age indications for the vaccines and is administering vaccines to the correct age groups.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For vaccines requiring more than 1 dose, staff is administering the current dose at the correct interval. <i>Follow the recommended guidelines in Table 3-1 of the General Best Practice Guidelines for Immunization: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#-01">www.cdc.gov/vaccines/hcp/acip-recs/general-recs/timing.html#-01</a>.</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If vaccine administration errors are observed, corrective action is being taken immediately.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any persons with a needlestick injury, a vaccine administration error, or an urgent medical problem are being evaluated immediately and referred for additional medical care if needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patients are being encouraged to stay at the clinic for 15 minutes after vaccination to be monitored for adverse events. <b>This is especially critical at drive-through or curbside clinics where drivers are being vaccinated.</b>
<b>ADMINISTRATION OF INJECTABLE VACCINES</b> (In this section, N.A. is ONLY an option if the clinic is EXCLUSIVELY using non-injectable vaccines, such as live, attenuated influenza vaccine.)			
YES	NO	N.A.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A new needle and new syringe are being used for each injection. (Needles and syringes should never be used to administer vaccine to more than one person.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Single-dose vials or manufacturer-filled syringes are being used for only one patient.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vaccines are being administered following safe injection practices.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For walk-through clinics, seats are provided so staff and patients are at the same level for optimal positioning of anatomic site and injection angle to ensure correct vaccine administration.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff is identifying injection site correctly. (For intramuscular route: deltoid muscle of arm [preferred] or vastus lateralis muscle of anterolateral thigh for adults, adolescents, and children aged ≥3 years; vastus lateralis muscle of anterolateral thigh [preferred] or deltoid muscle of arm for children aged 1–2 years; vastus lateralis muscle of anterolateral thigh for infants aged ≤12 months. For subcutaneous route: thigh for infants aged <12 months; upper outer triceps of arm for children aged ≥1 year and adults [can be used for infants if necessary].)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff is inserting needles quickly at the appropriate angle: 90° for intramuscular injections (e.g., injectable influenza vaccines) or 45° for subcutaneous injections (e.g., measles, mumps, rubella vaccine).
YES	NO	N.A.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Multidose vials are being used only for the number of doses approved by the manufacturer.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vaccines are never being transferred from one syringe to another.

If you check "NO" in ONE OR MORE answer boxes that contain a , DO NOT move forward with the clinic.

- » Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic.
- » Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used needles and syringes are being immediately placed in a sharps container following administration. (Needles are NOT being recapped.)

**VACCINE DOCUMENTATION**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each vaccination is being fully documented with name of person vaccinated; vaccination date; vaccine type, lot number, manufacturer; patient receipt of vaccine information statement (VISs or Emergency Use Authorization [EUA] form), including edition date and date VIS was provided; injection site; vaccination route; dosage; and name, title, and office/company address of person who administered the vaccine.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Your state's immunization information system (IIS) was used to document vaccinations administered. ( <i>CDC recommends using your state's IIS to document vaccinations.</i> )
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patients are receiving documentation for their personal records and to share with their medical providers.

**PREVENTING TRANSMISSION OF COVID-19 AT THE CLINIC**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff and patients have their temperature checked before entering the clinic and are answering the COVID screening questions before entering the clinic.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All patients are wearing a face covering. Face masks should not be placed on children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff is wearing recommended personal protective equipment (PPE), including face masks, gloves (optional for subcutaneous and intramuscular injections, required for intranasal and oral vaccinations), and eye protection (based on level of community transmission). See <a href="http://www.cdc.gov/vaccines/pandemic-guidance/index.html">www.cdc.gov/vaccines/pandemic-guidance/index.html</a> for current guidance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social distancing guidance is being followed, including signs, banners, and floor markers to instruct staff and patients where to stand, shields as appropriate when the 6-foot minimum distance cannot be observed, and one-way traffic flow.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All areas are being wiped down and cleaned more frequently than normal cleaning that takes place during vaccine preparation and administration and between patients.

**AFTER THE CLINIC (Please complete each item after the clinic is over.)**

**POST-CLINIC ACTIONS**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature of remaining vaccine was checked and recorded at the end of clinic. If not still at manufacturer-recommended temperature (i.e., between 2–8° Celsius or 36–46° Fahrenheit for ALL refrigerated vaccines), follow your organization's protocols and/or contact your state or local health department for guidance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any remaining vaccine in provider predrawn syringes, opened multidose vials, or activated manufacturer-filled syringes (MFSs) was properly discarded. <i>An MFS is activated when the sterile seal is broken (i.e., cap removed from needle or needle added to the syringe). If absolutely necessary, a partially used multidose vial may be transported to or from an off-site/satellite facility operated by the same provider; as long as the cold chain is properly maintained, the vaccine is normal in appearance, and the maximum number of doses per vial indicated by the manufacturer has not already been withdrawn, or the beyond use date indicated by the manufacturer has not been met. However, a partially used vial cannot be transferred from one provider to another or across state lines or returned to the supplier for credit.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Viable, unused vaccine was placed back in proper storage equipment that maintains the manufacturer-recommended temperature range at the end of the clinic day and was not stored in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances. (This includes vaccine transported for a multi-day clinic to a remote location where adequate storage at the site is not available.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any needlestick injuries were recorded in a sharps injury log and reported to all appropriate entities (e.g., local health department and your organization).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any vaccine administration errors were reported to all appropriate entities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All biohazardous material was disposed of properly.

**POST-CLINIC DOCUMENTATION**

YES	NO	N.A.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaccinations were recorded in the jurisdiction's immunization information system (IIS) where available.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If not submitted to an IIS, vaccination information was sent to primary health care providers as directed by an established procedure based on state or jurisdiction regulations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any adverse events were reported to the Vaccine Adverse Event Reporting System (VAERS): <a href="http://vaers.hhs.gov/index">vaers.hhs.gov/index</a> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All patient medical information was placed in a secured storage location for privacy protection.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The staff sign-in sheet was attached to this document (with shift times, clinic location, and date).

N.A. means Not Applicable.

This checklist was adapted from materials created by the California Department of Public Health, the Centers for Disease Control and Prevention, and the Immunization Action Coalition.

**If you check "NO" in ONE OR MORE answer boxes that contain a STOP, DO NOT move forward with the clinic.**

- » Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic.
- » Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

**ADDITIONAL INFORMATION AND RESOURCES**

If you are concerned that CDC guidelines were not followed during your vaccination clinic held at a satellite, temporary, or off-site location, contact your organization and/or state or local health department for further guidance.

COVID-19 information can be found at:

- [www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html](http://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html)

- » CDC's guidelines and resources for vaccine storage, handling, administration, and safety:
  - Vaccine storage and handling: [www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf)
  - Vaccine administration:
    - [www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html](http://www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html)
    - [www.cdc.gov/vaccines/hcp/admin/admin-protocols.html](http://www.cdc.gov/vaccines/hcp/admin/admin-protocols.html)
    - [www.cdc.gov/vaccines/hcp/admin/resource-library.html](http://www.cdc.gov/vaccines/hcp/admin/resource-library.html)
  - Injection safety: [www.cdc.gov/injectionsafety/providers.html](http://www.cdc.gov/injectionsafety/providers.html)
  - Vaccine information statements: [www.cdc.gov/vaccines/hcp/vis/](http://www.cdc.gov/vaccines/hcp/vis/)
  - Videos on preparing and administering vaccines. [www.cdc.gov/vaccines/hcp/admin/resource-library.html](http://www.cdc.gov/vaccines/hcp/admin/resource-library.html) (includes videos on intramuscular injections and administration of live, attenuated influenza vaccine)
- » The Immunization Action Coalition has a skills checklist for staff administering vaccines: [www.immunize.org/catg.d/p7010.pdf](http://www.immunize.org/catg.d/p7010.pdf).
- » The Immunization Action Coalition and the Alliance for Immunization in Michigan have patient education materials available:
  - Screening tools: <http://www.immunize.org/handouts/screening-vaccines.asp>
  - Vaccination after-care:
    - Children: [www.immunize.org/catg.d/p4015.pdf](http://www.immunize.org/catg.d/p4015.pdf)
    - Adults: [www.aimtoolkit.org/docs/vax.pdf](http://www.aimtoolkit.org/docs/vax.pdf)
- » The Immunization Action Coalition has information on the medical management of vaccine reactions:
  - Children and adolescents: [www.immunize.org/catg.d/p3082a.pdf](http://www.immunize.org/catg.d/p3082a.pdf)
  - Adults: [www.immunize.org/catg.d/p3082.pdf](http://www.immunize.org/catg.d/p3082.pdf)
- » Manufacturers' product information and package inserts with specific, detailed storage and handling protocols for individual vaccines: [www.immunize.org/packageinserts/pi\\_influenza.asp](http://www.immunize.org/packageinserts/pi_influenza.asp)

This checklist is a valuable resource for use in temporary mass vaccination clinics and other vaccination exercises, such as those conducted at vaccine points of dispensing (PODs) or vaccination and dispensing clinics (VDCs) as part of public health emergency preparedness (PHEP) program activities.

Medical waste disposal is regulated by state environmental agencies. Contact your state immunization program or state environmental agency to ensure that your disposal procedures comply with state and federal regulations.

States have laws on documentation of vaccinations, use of immunization information systems (IISs), and types of health care providers who can administer vaccines.

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# Appendix B

## Plan Checklists

Communicable Disease

Pandemic Influenza

## Sample Concurrence/Promulgation

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# Checklist: Communicable Disease Response Protocol/Plan

This checklist helps ensure the routine and 24/7 communicable disease response and reporting processes remain in place during your periodic review. Elements included here are suggested for inclusion in your local protocol to remain aligned with the Public Health Emergency Preparedness & Response Capabilities National Standards as well as standard and academic best practices.

Protocols detailing how your agency conducts communicable disease surveillance and processes reports of interest.	Included in protocol		
	Yes	No	Comments
<b>Does your protocol:</b>			
1. <i>describe</i> the way disease reports are received by your agency (e.g., confidential fax, phone reports, or mail)?			
a. <i>describe</i> how reports are reviewed? (e.g., reports reviewed centrally or by different units of your agency such as communicable disease, environmental health, HIV/STI, etc.)			
b. <i>describe</i> who is specifically responsible for evaluating reports and ensuring case investigation and control measures, as described in state rules, are implemented?			
c. <i>indicate</i> who receives specified selected conditions (e.g., foodborne illness to sanitarians)? [If applicable]			
2. <i>indicate</i> if your agency utilizes a team approach on some events, as well as which staff and their roles?			
3. <i>describe</i> how quickly reports are reviewed (e.g., day of receipts, within 24 hours, 48 hours, etc.)?			
4. <i>describe</i> how information regarding local cases is managed (paper, electronic, etc.) and who has access to information?			
5. <i>describe</i> how reported cases/contacts from outside your jurisdiction are referred (e.g., called directly to jurisdiction, transferred to DPHHS)?			
6. <i>assign</i> responsibility for who completes report forms and who submits forms to DPHHS (i.e., MIDIS data entry, expanded case investigation forms, foodborne outbreak form)?			
7. <i>outline</i> a process for rapidly increasing active surveillance for use during outbreak/emergency events?			
8. <i>specifically</i> address rabies response issues, including: who is involved in response, issuing PEP recommendations, observation and testing of animals, and sharing information with relevant response partners?			
9. <i>outline</i> the process for case prioritization during investigations and contact tracing during a surge response? (i.e., considering time-based factors for the disease, household contacts, sensitive settings, and those most at risk for severe illness)			
10. <i>identify</i> partners within your jurisdiction that can assist with case follow-up during surge events?			
11. <i>identify</i> methods to quickly scale up (surge) staffing for your department during emergencies? ( You may be able to cross reference other portions of your emergency operations plan.)			

Routine Active Surveillance Elements with Key Surveillance Partners (KSPs)		Included in protocol?		
<u>Does your protocol:</u>	Yes	No	Comments	
1. <i>detail</i> how your agency conducts active surveillance?				
2. <i>list</i> the key providers/laboratories routinely contacted and instruct how to maintain the list?				
3. <i>detail</i> the frequency of your active surveillance calls with each contact?				
4. <i>indicate</i> the staff member(s) assigned the responsibility of conducting & documenting active surveillance calls?				
<p>☛ <i>ensure</i> a standing request for release of Department of Veteran’s Affairs medical record data is current for your health jurisdiction. CDEpi will contact you to update this standing request.</p>	Date letter submitted:			
<b>Protocol detailing your agency’s 24/7 availability to receive and evaluate reports of concern.</b>				
<u>Does your protocol:</u>		Yes	No	Comments
1. <i>describe</i> a method to receive and immediately review emergency reported 24 hours a day 7 days a week?				
2. <i>have</i> provisions for providing an answering service or dispatcher a detailed written protocol and a list of contact numbers?				
2. <i>describe</i> how local providers, police, EMS, dispatch, etc. are made aware of the emergency number or system?				
4. <i>outline</i> periodic local testing of a 24/7 system?				
5. <i>require</i> the documentation and evaluation of all tests and actual after-hours calls?				
<b>Protocol detailing your agency’s “Epi Team” approach to communicable disease events.</b>		Included in protocol?		
<u>Does your protocol:</u>		Yes	No	Comments
1. <i>outline and define</i> core and expanded team members?				
2. <i>require</i> the core team to have at least one public health nursing and one environmental health staff members?				
3. <i>define</i> what conditions or events will require notification of the core team (i.e., suspect foodborne illness, animal bite, etc.)?				
4. <i>define</i> what circumstances may require expanding the team to include other members associated with your agency?				
5. <i>outline</i> procedures for sharing information among team members with defined parameters and timeframes?				

# Pandemic Influenza Plan Review Checklist

Plan Version/Date Under Review:

Review Completion Date:

Note: These are some of the common elements found in basic plans plus elements specific to pandemic influenza. Some items listed here might not be appropriate for your plan, situation, or jurisdiction. Plans should fit the community in which they were developed.

Does Your Pandemic Influenza Plan Include This Element	Yes	Yes but needs work	No and is needed	Not Relevant	Remediation Target Date
<b>Table of Contents</b>					
<b>Purpose Statement</b>					
<b>Scope</b> - Capability 3 (States the limits to which the plan can be implemented)					
<b>Situation</b> - Capability 1 (Describes the impact widespread influenza would have on your jurisdiction)					
<b>Access and Functional Needs</b> - Capabilities 1 & 2 (Statement about planning with AFN populations or organizations to address unique pandemic influenza concerns.)					
<b>Planning Assumptions</b> - Capability 3 (Lists what must be in place or exist in order for the plan to be used)					
<b>Concept of Operations</b> - Capabilities 3 & 13					
1. The steps or processes to implement the plan for a Pan Flu response					
2. Includes strategies and processes for engaging the plan					
3. Includes a statement acknowledging the adoption of the National Incident Management System (NIMS) and the policies on training and operating under its principles.					
4. Defines strategies and actions that are specific to a pandemic that are not typical of a normal disease outbreak. (May refer to strategies or protocols in other planning documents)					
• Surveillance/contact tracing					
• Reference to non-pharmaceutical strategies					
• Pediatric issues					
• Long term care/assisted living					
• Hospitals					
• Reference to vaccinations/Medical Countermeasures					
<b>Risk Communications</b> - Capability 4 (Public information procedures; May exist as another plan and only need referenced.)					
<b>Information Sharing</b> - Capability 6 (How operations information can be sent and received during a pan flu event, e.g., procedures for platforms, software, data protocols, etc.; May exist as another plan and only need reference.)					
<b>Plan Maintenance</b> - Capability 3 (State how and when the plan is reviewed. Usually includes a statement about exercise and training of the plan)					

<b>Roles &amp; Responsibilities</b> - Capabilities 1, 2, & 3 (Describes emergency responsibilities of the local Public Health Board, public health officials, lead PH officer, or local or tribal councils, Health Directors, Hospitals, Clinics, Long term Care Centers, Pharmacies, Schools, and other emergency response partners)					
<b>Mass Care elements specific to public health</b> - Capability 7 (Shelter health, temporary clinic, provisions for mental health, etc.; May reference a separate plan or plans.)					
<b>Mass Fatality responsibilities</b> - Capability 5 (State which agency, or agencies, is responsible for mass fatality management in your jurisdiction; May reference a separate plan)					
<b>Memos of Understanding (MOU) or Agreement (MOA)</b>					
<b>Resource providers</b> (Includes a procedure for requesting resources or request procedures; May reference a separate plan)					
<b>Record of Review</b>					
<b>Record of Distribution</b>					
<b>Record of Changes</b>					
<b>References</b> (if pertinent)					
<b>List of Authorities</b>					
<b>Concurrence/Promulgation Signature Page</b> (Jurisdictional authority approving the plan)					

# Sample Promulgation Document

(Pandemic Influenza/Communicable Disease)

## Emergency Response Plan

### Promulgation of Authorization

This document serves as the formal declaration authorizing the use of this emergency response plan to protect the public's health and safety in (Jurisdiction) against communicable diseases. (Authorizing document/rule/governing body) acknowledges that (Jurisdiction Public Health Agency) has the responsibility and duty to execute this plan in defense of public health.

This plan complies with existing federal, state, and local statutes and agreements made with the various agencies identified within. (Jurisdiction Public Health Agency), in defense against disease outbreaks in our communities, prepares and maintains emergency preparedness documents and is committed to the training and exercises required to support this plan.

All partners with roles identified in this plan have participated in its development and concur with the processes and strategies found within, which comply with the Public Health Emergency Preparedness and Response Capabilities National Standards (CDC, 2019), and adhere to the science-based, industry, and academic standards of disease control.

All partners and stakeholders are responsible for advising the (Public Health Agency) of any changes in their own procedures or operations that could affect any emergency responses undertaken.

This plan is hereby approved for implementation. It supersedes all previous editions.

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**Board of Health Chair**  
(Print Name)

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(Title)

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**Medical Officer**  
(Sign)

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(Date)

# Pandemic Influenza Resources

## [TRACIE resources for Pan Flu Planning](#)

<https://asprtracie.hhs.gov/technical-resources/42/influenza-epidemic-pandemic/27#general-information>

- [Antiviral Treatment](#)
- [Epidemiology and Surveillance](#)
- [General Information](#)
- [Guidance](#)
- [Guidelines](#)
- [Lessons Learned](#)
- [Non-Pharmaceutical Strategies](#)
- [Pediatric Issues](#)
- [Personal Protective Equipment and Worker Safety](#)
- [Plans, Tools, and Templates: EMS](#)
- [Plans, Tools, and Templates: Hospitals](#)
- [Plans, Tools, and Templates: Long Term Care/Assisted Living/Home Health](#)
- [Plans, Tools, and Templates: Modeling Tools](#)
- [Plans, Tools, and Templates: Other](#)
- [Plans, Tools, and Templates: Physician Offices](#)
- [Research](#)
- [Resource Allocation and Management](#)
- [Vaccines](#)
- [Agencies and Organizations](#)